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ABSTRACT

Children at high risk for problematic behaviors and emotional problems seem to show limited internal boundaries to control their direction and attention and violation of the boundaries of others. This study addressed the relative impact of a coping skills curriculum on locus of control in 4th-grade high risk students. Fourth grade students (N=96) from three high risk schools were chosen to participate in the study. The Enhancing Emotional Competence curriculum was used which has as a foundation exercise "The Turtle Story" in which a wise old turtle teaches younger turtles to recognize and accept their feelings, pause and gain their composure, think about their options for action, and act on their best choice. Five classrooms were assigned to participate in the three intervention modes: no curriculum; curriculum for 12 weeks; and curriculum for 24 weeks. The Nowicki-Strickland Locus of Control Scale was used for evaluation. Results indicated that the most significant impact occurred in the group receiving the 24-session intervention. There were virtually no changes in locus of control in the 12-session intervention, but there were significant differences between the 24-session and both the 12-session intervention group and the no intervention group. The 24-session group was the only group that also demonstrated significant progress from pre-test to post-test. (ABL)

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TEACHING CHILDREN EMOTIONAL COMPETENCE SKILLS IN THE CLASSROOM

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ABSTRACT

This study addressed the relative impact of a coping-skills curriculum on locus of control in fourth grade "high-risk" students. Children who received twenty-four- and twelve-session interventions were compared to children who received no intervention. Results indicated that the most significant impact occurred in the group receiving the 24-session intervention. There were virtually no changes in locus of control in the 12-session intervention, but there were significant differences between the 24-session and both the 12-session intervention group and the no-intervention group. The 24-week intervention group was the only group that also demonstrated significant progress from pre-test to post-test.

TEACHING CHILDREN EMOTIONAL COMPETENCE SKILLS IN THE CLASSROOM

Conservative estimates of children in need of mental health care suggest that somewhere between 12 and 15% of all children in the United States need such care while only one-tenth to one-third of these children receive the needed services. (Lewis et al, 1988).

Felner and Silverman (1989) propose conceptually an "antecedent condition model" where a wide range of childhood emotional and behavioral disorders may be caused by individual risk factors exacerbated by stressful situations. In this model, individual vulnerability and environmental stressors may disrupt a child's capacity to learn effectively, to experience mental wellness, and to achieve pro-social behavior.

"High-risk" for emotional disorders is likely to be created by a blend of familial, environmental, and individual factors. These factors that contribute toward patterns of problematic behaviors show a tendency to steadily increase from childhood to adulthood (Robins, 1966; Heusmann, 1984). A majority of intervention efforts tend to focus on intervention with the individual child and, more specifically, on learned ways of living, learning, and thinking that those children experience.

Individual characteristics shared by children at "high-risk" for emotional problems may provide possible clues for (a) why these children are at high risk for dysfunction and (b) possible avenues for educational intervention. Such "high-risk" individual characteristics for developing problems include: limited capacity to problem-

solve, i.e., problems with observing, reflecting, and problem-sequencing (Gittleman et al, 1985; Sigel, 1979; Shure and Spivak, 1979); externalizing - an external basis of control, i.e., problems recognizing and accepting personal thoughts, feelings, and values/high vigilance to external factors (Garmezy et al, 1979; Sigel, 1979; Dubow & Tisak, 1979); limited self-control and self-management, i.e., problems with impulse delay and future orientation (Kellam, 1989; Lewis et al, 1988; Robins & Earls, 1983); and problematic relational patterns.

In viewing relational patterns, some researchers distinguish that overreaction and socio-emotional constriction represent two broad polar categories of child symptomatology (McDermott & Watkins, 1981; Robins & Earls, 1983). Others believe that "high-risk" interaction styles seem to show high degrees of aggressive behavior and timidity in an alternating combination (Kellam, 1989) and limited capacity to reciprocate or to cooperate (Burchard, 1979; Dlugokinksi, 1982; 1984).

In summary, children at "high-risk" for problematic behaviors and emotional problems seem to show limited internal boundaries to control their direction and attention and violation of the boundaries of others. (Dlugokinski, 1991). In planning individual intervention strategies for these children, Cowen (1991) cites that we need effective individual empowerment strategies to help children "do things well" and to help them "gain control over their own lives." These empowerment strategies could include teaching children to recognize and accept their feelings, to pause before

acting, and to generate multiple options for action. Developing what some researchers call an "internal locus of control" is a central construct in this empowerment strategy (Nowicki & Strickland, 1973).

Although there is some suggestion that coping skills instruction can increase a child's ability to problem-solve, measurement of its efficacy to improve internal locus of control and psychosocial adjustment has been limited. In addition, Rosati and Amirault (1989) report that problems have existed in preventing coping-skills curriculum in the schools. These problems are related to teachers having limited expertise in representing the ideas themselves and because prevention curricula are given in limited priority and integration in elementary school programs.

A sound prevention curriculum aimed at teaching emotional competence skills in a school setting to elementary school children is a step in the right direction. However, implementing such competence-building programs in school systems is often difficult and not done on a consistent or extended basis. If presented over a long-term, consistent period, coping-strategies instruction may be productive in helping children by increasing resiliency to stress and susceptibility to drug and alcohol abuse (Taylor, 1990).

Coping-skills instruction for children is only one piece of a more comprehensive intervention involving parents, teachers, and other community supports which can be utilized to improve the mental health and resiliency of children. While focusing on

intervention efforts with children alone has limitations, there are advantages. Children are available in school settings on a daily basis, and if it can be demonstrated that educational programs can facilitate their coping ability, such programs can be replicated with a large number of children. So, individual child education in the classroom presents at least one option and opportunity to learn skills of mental health improvement.

Background to Current Study

Program Description

Enhancing Emotional Competence (EEC) is the drug education and mental wellness curriculum that was used to serve fourth grade students in the school system of a major southwestern city. The program was approved by this city's school board in 1987 as the formal life skills and drug prevention curriculum for fourth grade students. The program was approved, but not mandated. Therefore, the presentation of the curriculum depended on the willingness and ability of the teachers to offer this program in each particular classroom.

Results of Pilot Program Evaluation

The results of previous program evaluations have limited interpretive value. This is due to several interacting factors. One of these factors has been the instruments utilized for the program evaluation. Two instruments developed to specifically measure key program constructs were found to have limited reliability and

validity. The instruments were designed to be very short to facilitate ease of administration, but reliability data indicate that a longer instrument might be preferred. Simultaneously, on-site interviews and surveys with teachers indicate that teacher implementation of the curriculum has varied both qualitatively and quantitatively, even after an 8-hour training period and ongoing consultation during the course of the school year. Although twelve sessions of the curriculum were postulated as being necessary to present the basic elements of the program, interview and survey data revealed that teachers, on the average, completed only 6.6 sessions in 1990-91 (Allen, 1991). Furthermore, previous requests to assess the impact of the curriculum presentation with a control or comparison population were rejected by the administration of the school system.

Purpose of Current Study

The problems identified in previous years with program implementation and evaluation have hampered efforts at assessing the impact of school-based coping-skills education programs on children at risk of developing emotional disorders. This study hopes to address some of these limitations and to assess the impact of one such coping-skills program designed to instruct fourth grade children in a major southwestern city by using a) counselors who were trained and observed delivering the curriculum for specified periods of time, b) a validated and reliable instrument for assessing program impact, and c) including comparison groups.

Hypotheses

It was hypothesized that internal locus of control could be strengthened by teaching children coping skills in a classroom setting and would be modulated by the length of intervention received. It was further hypothesized that the curriculum would impact most those children who received a 24-session intervention, compared to a 12-session intervention or no intervention.

METHOD

Subjects

Ninety-six 9 and 10-year-old 4th grade students from three "high-risk" schools in a southwestern city were chosen to participate in this study. The public schools were chosen because they had an approximately equal mix of white, black, and Hispanic/Native American students and were accessible for implementing the program. The neighborhoods surrounding the schools are characterized by high crime rate (Juvenile Justice Center data, 1990) and low socioeconomic status (80% or more of the school children receive free lunches).

Materials

Evaluation Instruments

Nowicki-Strickland Locus of Control Scale (N-SLCS: Nowicki & Strickland,

1973). The N-SCLS is a 40-item instrument designed to measure whether or not a child believes that reinforcement comes to him or her by chance or fate (external locus of control) or because of his or her own behavior (internal locus of control). A number of studies have shown that locus of control is related to several other behaviors and attitudes including some involving academic achievement. Higher scores on the instrument reflect more external locus of control. Test-retest reliability over a six-week period is .63 for third grade, .66 for seventh grade, and .71 for tenth grade students. The N-SLCS has fair concurrent validity, correlating significantly with three other measures of locus of control.

Coping Skills Curriculum

The 1990-91 curriculum titled Enhancing Emotional Competence (Dlugokinski & Suh, 1989), consisted of a series of 30 lessons of thirty to forty minutes per lesson and designed for use in a classroom setting. Parent involvement was encouraged by having children share their classroom activities with parents, and on two specific occasions, directly involving parents in supporting classroom activities. Four major steps in learning to cope are presented in the program's foundation exercise, "The Turtle Story." In this story, a wise old turtle teaches younger turtles to 1) recognize and accept their feelings, 2) pause and gain their composure, 3) think about their options for action, and 4) act on their best choice.

Exercises following the foundation exercise then assist children in accomplishing each of the four steps. Recognition skills are facilitated by having children define and discuss 16 feeling states with the use of feelings cards. Pausing strategies are facilitated by relaxation exercises. Thinking skills are facilitated by problem-solving methodology of the options/consequence strategy, adapted from the works of Myna Shure and George Spivak (1979).

Procedure

Five classrooms were randomly assigned to participate in three intervention modes:

a. No curriculum (12 weeks), Curriculum (12 weeks)
(n = 33)

b. Curriculum (12 weeks), No curriculum (12 weeks)
(n = 16)

c. Curriculum (12 weeks), Curriculum (12 weeks).
(n = 47)

Assessment of all children was accomplished in September before any instruction began, in December or 12 weeks after instruction began, and in May after all instruction was completed. Each classroom was assessed at each time period.

Sessions were delivered weekly for a 45-minute period by two trained

professional counselors. These counselors were trained in an 8-hour initial workshop and received regular weekly consultation in curriculum delivery and an on-site observation for adequacy of presentation. During the course of the curriculum delivery, one parent involvement opportunity was offered in each 12-week segment of the curriculum.

RESULTS

Independent t-tests revealed no significant pre-test differences between the 24-week, 12-week, and no-intervention groups on the External subscale of the Nowicki-Strickland Locus Control Scale for Children. However, there were significant post-test differences between the 24-week and 12-week groups [$t(65) = p < .05$] and between the 24-week and 12-week groups [$t(53) = p < .05$]. No significant differences were found between the 12-week and no-intervention groups. (See Table 1).

Balanced paired t-tests indicated significant pre-post differences in the 24-week intervention group ($t = -3.31$, $p < .003$), with students moving toward less of an external and toward a more internal locus of control. On this same measure, no significant pre-post differences were found for either the 12-week or no-intervention group. (See Table 1).

DISCUSSION

This study addressed the relative impact of a coping-skills curriculum on locus of control in 4th grade students. Twenty four-and twelve-session interventions were compared to a group that received no intervention. Results indicated that the most significant impact occurred in the group receiving the 24-session intervention. There were virtually no changes in locus of control in the 12-session intervention, but there were significant differences between the 24-session and both the 12-session intervention group and the no-intervention group. The twenty-four week intervention

group was the only group that also demonstrated significant progress from pre-test to post-test.

The children who received this intervention were children from "high-risk" neighborhoods and schools. One implication of these findings is that children at "high-risk" for developing emotional disorders and/or alcohol/drug abuse problems need multiple exposures for relatively extended periods of time for positive impact to occur. Other researchers have come to similar conclusions. Taylor (1990) found that "high-risk" youth need many exposures to life-skills education over extended time periods to achieve changes in a positive direction.

These results also indicate that a coping-skills education curriculum can have a positive impact, even if delivered independently of other interventions. However, the gains made by children in moving from an external to a more internal locus of control possible could be increased significantly by a more comprehensive program that included extensive parent involvement and other systemic interventions.

Compared with previous pilot studies, where teachers delivered the curriculum in the classroom, the present delivery by trained counselors offered a more consistent and reliable delivery approach. Past teacher surveys have indicated that teachers are really not interested in implementing this type curriculum in their classrooms if they have to personally deliver it. Reasons for teachers not wanting to delivery it are mainly centered around lack of preparation in an already overwhelming schedule and feelings of inadequate understanding of mental health issues.

In implementing this study, we found that offering the curriculum in the fall of the year to one group while withholding it from another group and then switching in the spring of the year was a good way of obtaining a comparison group. Teachers were willing to wait for their classrooms to receive the curriculum intervention if they knew that delivery would begin in three months.

While results achieved indicate positive movement on the part of students, there are limitations to the present study. First, since pre-/post-test data was only collected over a 24-week period, we don't know if longitudinal gains were made by students. The present study did not develop a means of tracking students over a longer period of time. Second, although counselors were observed for adequacy and consistency of delivering the curriculum in the classroom, they were not behaviorally rated. Third, data was collected using only one self-report measure because of indications of limited reliability and validity of instruments used in a previous pilot study. Fourth, it is difficult to ascertain the generalizability of results to other populations of students. Fifth, current prevention research suggests that a more comprehensive approach may be the most efficacious way to impact children, i.e., teaching children coping-skills, educating teachers in positive classroom management techniques, and empowering parents with knowledge of parenting skills and coping techniques for their own lives.

As future studies in coping-skills education begin to address these issues, our

knowledge base for helping children and families learn to cope with their emotions and problems in their lives will greatly increase.

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Table 1

The effect of coping skills instruction on the Mean External Locus of Control Scores for Children.*

	Pre-Test Mean	Post-Test Mean
Group		
24-week intervention	17.91 c	14.61 a,b,c
12-week intervention	17.67	7.46 b
0-week intervention	17.53	18.54 a

a) Indicates significant differences at the .05 level between 24-week and 0-week intervention groups.

b) Indicates significant difference at the .05 level between 24-week and 12-week intervention groups.

c) Indicates significant difference at the .05 level between pre-test and post-test means.

* Measured by the External subscale of the Nowicki-Strickland Locus of Control Scale for Children.

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